

2011 Military Health System Conference

Integrating Care Plans

Clinical Case Management

The Quadruple Aim: Working Together, Achieving Success

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Disclaimer



- The views expressed in this lecture are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the US Government.

Definition: Relationship Building



Advocacy

Patient Education

Communication – reducing stress

Interpretation

Inspire confidence

Involved/Engaged

Supporting treatment adherence

Evaluating responses

Collaborative Management



- MTF case manager
- OEF/OIF Coordinator
- RCC
- FRC
- Network provider (PM&R, PT)
- Medical providers (surgery, neurosurgery, PCM)

Case Example #1



23 y/o E5 M S/P IED blast. Cracked vertebrae, Inpatient stay 29 d

Discharged to VA Polytrauma for spinal cord rehabilitation for 30 days. As a result of his injuries, pain in left hip due to retained shrapnel fragment (inoperable), colostomy, clot in IVC, coumadin, daily PT, PCM visits, pain management. Walks with cane, used a wheelchair during rehab due to fatigue

Discharged on con leave at home for 30 days to receive daily PT, coumadin levels, pain management

Readmitted to MTF due to ongoing pain which radiated to legs, non healing wound, nutrition consult, d/c in 3 d

Coordinated with VA facility for surgical revision, pain management, wound care

Case Example #2



20 yo S/P GSW to scalp which penetrated helmet and left 5 cm scalp laceration. CT revealed small SAH at the vertex on left side, no mass effect, ventricles normal. Discharged after 7 day hospitalization to home on con leave.

Con leave, received care from behavioral health, PT, OT, ST, Audiology, Gen Surg, Neurosurgery

Returned to command in 30 days

Case Example #3



- 26 yo involved in an IED blast resulting in 4 extremity amputations
- Hand transplant candidate